

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

POLICIES AND PROCEDURES MANUAL

FOR THE

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

AND

TUBERCULOSIS SERVICES REIMBURSEMENT PROGRAM



January, 2005
Office of Local and Rural Health
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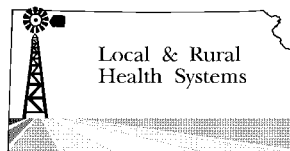


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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
VOUCHER POLICY DOCUMENT**

The **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM** provides primary health care services to migrant and seasonal farmworkers (MSFWs) throughout the state of Kansas. Eligible individuals may receive services utilizing a voucher system set up throughout the state.

Funding for the Kansas Statewide Farmworker Health Program (KSFHP) is authorized through Section 330(g) of US Public Health Service Act as amended by the Health Centers Consolidation Act of 1996. This document provides information concerning the voucher system and provider payment policies. These policies incorporate both state and federal requirements and are necessary to provide the broadest range of services with limited funds.

The voucher system works with authority prescribed through KSFHP. Farmworkers may access the voucher system through authorized Access Point Agencies, such as state or federally funded primary care clinics or local health departments who elect to participate in the program.

DESCRIPTION OF THE VOUCHER SYSTEM:

The voucher system was established in order to expedite health services for migrant and seasonal farmworkers. KSFHP utilizes regional case managers to coordinate primary care for clients throughout the state. Eligible clients are admitted through authorized Access Point Agencies and services are provided at this site or through coordination with other healthcare providers. A client registration form is used to enroll patients in KSFHP at one of the authorized Access Point Agencies, through KSFHP regional case managers or health promoters. A copy of the client registration form is sent to the Kansas Department of Health and Environment (KDHE) in order to enroll the patient/family in KSFHP. The Voucher Form is used to identify health problems and document treatment provided. In addition, it is utilized as a referral form for services required from outside healthcare providers, as well as to initiate payment for services. The Encounter Log serves to document all services, internally and by referral, received by clients. This is maintained by the Access Point Agency for referral and tracking purposes and is submitted to KDHE on a monthly basis. The primary patient record is maintained at the Access Point Agency, and reflects patient care services and case management activities.

FUNCTIONS AND RESPONSIBILITIES IN THE VOUCHER SYSTEM:

The voucher system is a structured primary care program that allows access to care for eligible clients. This system is a dynamic process and requires a partnership between state, local and private providers.

The four key functions of the voucher system include:

<p>1. Administrative Functions¹</p> <ul style="list-style-type: none">a. Determine migrant/seasonal farmworker eligibility status. (APA/KSFHP)b. Enroll clients using the Family Registration Form. (APA/KSFHP)c. Establish and maintain a system of referral service providers. (APA/KSFHP)d. Maintain a tracking system of clients and families, their health concerns, services provided, referrals, follow-up, voucher distribution and reimbursement. (APA/KSFHP)	<p>3. Marketing/Promotion Functions</p> <ul style="list-style-type: none">a. Develop and coordinate resources with other local programs. (KSFHP)b. Educate providers on lifestyle, health problems and language/cultural considerations of the farmworker population. (KSFHP)c. Market the availability of services to MSFW's and their families to ensure appropriate utilization and timely receipt of prescribed care. (APA/KSFHP)
<p>2. Clinical Functions</p> <ul style="list-style-type: none">a. Direct provision of selected health care and preventive services according to protocols.(APA)b. Screen, triage, appropriately treat or refer patients to appropriate providers. (APA)c. Maintain a medical record system. (APA)d. Provide support services to facilitate clients' obtaining health care.(APA/KSFHP)e. Monitor and facilitate patient compliance and satisfaction with the health care plan and treatment modality, including arranging for follow-up visits. (APA/KSFHP)f. Monitor the appropriateness of services provided through contract or referrals. (APA/KSFHP)	<p>4. Financial Functions</p> <ul style="list-style-type: none">a. Bill for services provided on site. (APA)b. Process and pay bills. (KSFHP)c. Monitor provider agreements and cost of services. (KSFHP)

¹ Primary function or responsibility

APA: Local Access Point Agency, the "Point of Entry"

APA/KSFHP: Shared responsibility between local "Access Point" and state program

KSFHP: Kansas Statewide Farmworker Health Program

PRIMARY CARE DEFINITION:

The term *primary care* describes:

- C a service provided and/or authorized by physicians, physician assistants and nurse practitioners.
- C diagnostic laboratory or radiologic services necessary to complete treatment.
- C health promotion/ disease prevention services - such as perinatal care, family planning, and well child examinations that include developmental assessments, hearing and vision evaluations.
- C preventive and restorative dental services.
- C pharmaceutical services necessary to complete treatment.

CLIENT ELIGIBILITY:

The target population for the program is farmworkers and their dependents, regardless of legal status. A client is eligible if, at any time during the last 24 months, the client, or an adult family member, reports primary employment in either of the two following categories:

MIGRATORY AGRICULTURAL WORKER - defined as an individual whose principle employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary place of abode; or

SEASONAL AGRICULTURAL WORKER - defined as an individual whose principle employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

In order to qualify for services payable through the voucher program, the family **must**, (in addition to meeting the farmworker definition above):

- C have a total household income below 200% of the federal poverty level guideline (see Appendix C).
- C not be covered by any other type of employer health plan or insurance, e.g., Medicaid, Medicare, or BC/BS.

Self declaration of agricultural migratory status and/or income level is sufficient if documentation is unavailable. The signature of the person claiming farmworker eligibility must be entered into the patient or family member's record. Eligibility is updated annually.

ACCESS POINT AGENCIES:

Access Point Agencies are healthcare organizations located throughout the state that have the capacity to provide health services to migrant and seasonal farmworkers and their families either on-site or by referral. These organizations enter into an agreement with KSFHP to function as Access Point Agencies (Appendix A).

Training provided to these organizations includes an orientation to the farmworker program, an introduction to the needs of the population, and an explanation of the services that must be provided.

Healthcare organizations participating in the voucher program serve the client in at least two ways:

- C by providing an entry point into the health care delivery system, and
- C by initiating a plan of care for the client.

Access Point Agencies work closely with the Regional Farmworker Health Case Manager assigned to the area. Access Point Agencies may charge KSFHP for services provided by the Agency. Access Point Agencies may not charge for services if clients only use the Agency to obtain information or to receive a voucher for services for another local provider. *However, even clients who are seeking information must be entered in the Encounter Log (Appendix F) in order to obtain an accurate accounting of migrant and seasonal farmworkers utilizing healthcare services through the Program.*

REGISTRATION:

When the client is determined to be eligible, complete the Family Registration Form (Appendix D). Make one copy. File the copy in the patient record and submit the original to the regional case manager's office.

RECORD REQUIREMENTS:

The patient record is used to document all clinical transactions. The patient record at the Access Point Agency must include: a copy of the Family Registration Form, an annual update of client/family income, migratory or seasonal status, the health care plan, an optional one-time Risk Assessment (Appendix E) with patient/family health history, prioritized problem list, a means of tracking patient visit dates and current information - including referrals and follow-up. All clients seen in the Statewide Farmworker Health Program must be documented on the Encounter Log, (Appendix F) regardless of services provided.

FEES AND PROGRAM RESTRICTIONS:

- C Access Point Agencies and participants in the voucher program may only bill the Statewide Kansas Farmworker Health Program for the services listed in this handbook (COVERED SERVICES, pages 5-7) or services preauthorized through KSFHP Regional Case Managers.
- C Farmworker funds are supplemental funds and should be used only as **the last resort** as payment for primary care services to migrant and seasonal farmworkers who are not covered by other third party payers, i.e., Medicaid, Medicare, or private insurance. It is expected that Access Point Agencies and case managers will actively assist clients in accessing existing assistance programs, such as Medicaid, prior to billing KSFHP.
- C Clinics funded by state and federal grants are required to have a fee schedule and corresponding **sliding schedule of discounts based on total annual household income**. Full discounts may apply to those whose income is below 100% of the most recent Federal Poverty Guidelines (Appendix C) or a nominal fee may be collected for specific services. KSFHP will pay for services, minus the patient's discounted "sliding-scale" share of the fee, up to the Medicaid "fee-for service" rate.

Since federally funded Community Health Centers (grantees under Section 330 Public Health Service Consolidated Health Center Program) are obligated to see all patients, regardless of their ability to

pay, KSFHP will reimburse for services provided to clients in community health centers based upon the availability of funds in the farmworker voucher program.

THE KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM WILL NOT PAY FOR:

- HOSPITALIZATION OR OTHER INPATIENT SERVICES
- SERVICES PROVIDED IN THE EMERGENCY ROOM
- EXTENSIVE DIAGNOSTIC TESTING OR TREATMENT
- SERVICES WHICH EXCEED THE PARAMETERS OF PROGRAM POLICIES
- SERVICES OVER \$150 THAT HAVE NOT BEEN PREAUTHORIZED THROUGH KSFHP, REGIONAL CASE MANAGER

BILLING AND PAYMENT:

In order to receive payment, a copy of the pre-numbered Voucher Form (Appendix G) along with the **provider's standard billing form coded for procedure and diagnosis** must be submitted to the address on the face of the Voucher Form. Each provider who sees the patient will submit one portion of the voucher. The **information on the Voucher Form must be complete and signed by the provider** before payment will be initiated. A copy of the Voucher Form should be included in the patient record at each provider site. When the client is first registered at the Access Point Agency a copy of the Registration Form should be made. File the copy in the patient file and submit the original to the address on the Voucher Form. Charges to KSFHP **may not** exceed the usual and customary patient fees charged by the provider. Pre-numbered Voucher Forms may be obtained by calling (785) 296-1200.

COVERED SERVICES:

Healthcare organizations approved as Access Point Agencies or participating as referral providers may request payment for the following services:

Immunizations: Administration fee is the same as that paid by Medicaid.

Screening Tests: Includes common testing by health departments to determine risks or exposure for specific disease or conditions.

Physical Examination:

Child examination - includes (but not limited to) health history, physical exam, height, weight, hemoglobin, nutrition evaluation, developmental assessment, immunization history, appropriate health education and screening for age.

Adult examination - includes (but not limited to) health history, physical exam, height, weight, nutrition evaluation and immunization history, appropriate health education and screening for individual age and gender. Payment limited to \$60.00 for either child or adult physical exam.

Brief Office Visit: A brief office visit is made to a primary care provider for acute illness care, evaluation or follow-up. Payment limited to \$30.00/visit. Federally Funded 330 Community Health Centers will be paid \$20 per office visit. Office procedures will be reimbursed at Medicaid rate. **Medical care requiring more than three visits per illness in one year in order to complete therapy must be authorized by the regional case manager prior to payment.**

Laboratory/X-Ray: Will be reimbursed at Medicaid rate. **All services over \$150 must be preauthorized by the regional case manager.** Lab and X-ray services will be limited annually to \$150 per individual.

Vision care: Eye glasses and routine eye examinations **are not** paid by the program. However, regional case managers will work with local providers to identify other possible resources to meet these needs. Visits associated with illness or injury of the eye will be covered through office visits.

Pharmaceutical: Prescription drugs (generic when available) for short-term therapy, limited to \$150.00 per year (12/01-11/30) per individual. Clients are asked to pay the first \$5.00 of the prescription if income is sufficient and are responsible for any amount over the \$50 value of the voucher. **KSFHP will not pay for over the counter drugs without preauthorization from the Regional Case Manager. Refills will be paid for only on prescriptions originating from medical visits through the program.**

Prenatal Care: In general, the Kansas Statewide Farmworker Health Program will not pay for prenatal or obstetrical care. Every effort must be made for prenatal or obstetrical care. Every effort must be made to assure that clients are referred to SRS since some may be eligible for Medicaid. **Limited Prenatal Care may be preauthorized when a client is not Medicaid eligible and state Maternal-Infant (M&I) funds are not available and no other low cost services are available within the geographic area.** To assure continuity of care and the provision of comprehensive prenatal services, clients in KSFHP must also be enrolled in the M&I program, if it exists for their community.

Dental: Dental services **are not** restricted to emergency treatment of pain and infection.

For Adults: Payment for services in the initial dental visit is limited to \$100.00. Further preventive or restorative treatment for adults may be preauthorized if funds are available. A treatment plan must be submitted to the regional case manager for preauthorization of payment over the initial \$100.00 fee.

For Children: Primary preventive dental services are paid at Medicaid rate, including: instruction in oral health self-care, prophylaxis, oral health/dental screening, topical application of fluorides, and application of protective sealants. If dental disease or other abnormalities are detected call the Regional Case Manager to develop a treatment plan after the initial \$100.00.

Covered services for Kansas Statewide Farmworker Health Program are in Spanish in Appendix H.

We appreciate your cooperation in providing quality services to farmworkers and their families and ask your cooperation in prescribing treatments that enable us to control costs. If we can be of further assistance please do not hesitate to contact KSFHP (785) 296-1200.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Local and Rural Health
KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Bureau of Epidemiology and Disease Prevention
TUBERCULOSIS REIMBURSEMENT PROGRAM

**COVERAGE FOR TUBERCULOSIS SERVICES
POLICY AND PROCEDURES**

The Kansas Statewide Farmworker Health Program (KSFHP) also manages the supplemental fund to cover diagnostic and supportive services for patients with tuberculosis infection or disease. The fund is limited to uninsured clients with household incomes below 200% of the federal poverty guidelines and those who have shown significant skin test results and require additional diagnostic and/or therapeutic services related to tuberculosis. This expanded coverage is possible through the Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Disease Prevention, and is available as funds exist.

NOTE: Eligibility for coverage is NOT limited to migrant or seasonal farmworkers and may be utilized by any low-income individual in the state (200% of poverty or below, according to federal poverty guidelines) who is not covered by Medicaid or any other type of health insurance. TB funds are supplemental funds to be used as a last resort for people who are not eligible for Medicaid, have no health insurance and no other means of payment for services.

DESCRIPTION OF THE VOUCHER SYSTEM:

Delivery of tuberculosis services is managed through the voucher/case management system in operation for KSFHP. Eligible clients are admitted through authorized Access Point Agencies which may be state or federally funded primary care clinics or local health departments. Services are provided at this site or through coordination with other healthcare providers. Case management support is provided both regionally and at the state level through KSFHP within the Office of Local and Rural Health in collaboration with the Tuberculosis Program of the Bureau of Epidemiology and Disease Prevention. A manual with clinical guidelines for the management of tuberculosis treatment is available from the KDHE Tuberculosis Program of the Bureau of Epidemiology and Disease Prevention at (785) 296-5589.

The Family Registration Form (Appendix D) is used to enroll patients for tuberculosis coverage. Make a copy of the form for each patient record and send the original to the Regional Case Manager. A pre-numbered Voucher Form (Appendix G:Sample) is used to identify health problems and to document treatment provided. In addition, it is utilized as a referral form for service required from outside healthcare providers, as well as to initiate payment for services.

The Encounter Log (Appendix F) functions to document all services, internally and by referral, received by clients. This is maintained by the Access Point Agency for referral and tracking purposes and a copy is submitted to KDHE on a monthly basis. The primary patient record is maintained at the Access Point Agency, and documents all patient care services and case management activities.

BILLING AND PAYMENT:

In order to receive payment for services, a copy of the Voucher Form along with the provider's standard billing form must be submitted to the address on the face of the Voucher Form. Each provider who sees the patient will submit one portion of the voucher. The Voucher Form must be completed and signed by the provider before payment will be initiated. A copy of the voucher should be included in each provider's patient record. Charges to KSFHP **may not** exceed the usual and customary patient charges of the provider.

State and federally funded Access Point Agencies that provide direct health care services are required by regulation to have a fee schedule and corresponding sliding schedules of discounts based on ability to pay. The full discount must apply to those whose income is below 100% of the most recent Federal Poverty Guidelines, although a nominal fee may be collected for specific services. **KSFHP will pay for services, minus the patient's percentage based upon the sliding fee scale, up to the maximum allowed in this policy.**

COVERED TB-RELATED SERVICES:

Healthcare agencies may request payment for the following tuberculosis related services:

Chest x-ray: PA and LAT for all patients with significant skin test results. Repeat chest x-ray requires preauthorization from the regional case manager. Payment limited to Medicaid fee-for-service.

Pharmaceutical: All tuberculosis medications are provided through the Kansas Department of Health and Environment, TB Program, (785) 296-5589. There will be no reimbursement for TB medications obtained elsewhere, without preauthorization.

Laboratory: Hepatic enzymes may be monitored monthly on patients who are at risk or for those who experience symptoms of hepatitis who are receiving prescribed prophylactic therapy. Payment limited to Medicaid fee-for-service rates may be charged for each of the required monthly tests as therapy continues.

A baseline Chemistry Panel of 19 or more tests is required for adult patients prescribed therapy for active disease or if patient has complications due to drug therapy. The panel must include: baseline hepatic enzymes, bilirubin, serum creatinine, complete blood count with platelet count and serum uric acid. Payment limited to Medicaid fee-for-service.

All specimens for smear, culture, and susceptibility testing, from any health provider, must be submitted directly to the Kansas Department of Health and Environment Laboratory. There will be no reimbursement for services provided by other laboratories.

Nursing Care: Direct observation of patient therapy on active TB cases or high risk infected individuals by local health departments may be reimbursed.

High risk is defined as:

- C any suspect case that is being treated as an active case until diagnosis is confirmed.*
- C a confirmed active case of tuberculosis*
- C any child who lives in the home of an active tuberculosis case; the name of the infected individual must be documented on the voucher.*

A minimum of two visits per week is required. Payment is limited to a monthly payment of \$40.00 for the duration of treatment.

Brief Office Visit: A brief office visit is made to a primary care provider for evaluation or follow-up. Payment limited to \$30.00. *This is limited to a one-time office visit per patient. However, if the patient has active disease or is on prophylactic medication and demonstrating signs of hepatitis or a patient has other complications, two office visits may be reimbursed. Documentation of these conditions must be noted on the voucher. Any further office visits must be preauthorized by the regional case manager.*

PPD: Not an allowable charge.

LIMITATIONS: The Statewide Farmworker Health Program-TB Coverage will not pay for:

- C Hospitalization or other inpatient services
- C Services provided in the emergency room.
- C Extensive diagnostic testing or treatment, including extensive prescriptions, except as identified in the TB coverage.
- C Services which exceed the parameters of this policy.
- C Services over \$150 that have not been preauthorized through KSFHP, Regional Case Manager.

Exceptions to these restrictions may be made on a case by case basis by preauthorization through the regional case managers. However, clients may also be eligible for some of these services through the Department of Social and Rehabilitation Services.

If you have questions about the program please do not hesitate to contact the Kansas Statewide Farmworker Health/TB Coverage at (785) 296-1200 or at www.kdhe.state.ks.us/olrh.

VOUCHER SYSTEM SUMMARY STEPS FOR ACCESS POINT AGENCIES

1. Complete **CLIENT REGISTRATION FORM** for each client/family. Qualifying farm work must be documented with date, location and crop type. Income information must be provided. The registration form should be updated annually or more often as family circumstances change. The original **CLIENT REGISTRATION FORM** is sent to the Kansas Statewide Farmworker Health Program office as soon as possible.
2. Complete the **ENCOUNTER LOG** for all services to be provided internally and by referral. The **ENCOUNTER LOG** must be submitted monthly to KSFHP office in Topeka.
3. (Optional) Perform a one time only assessment of client need and medical history overview. Documentation of assessment should be maintained in the patient record at the Access Point Agency and a copy sent to the Regional Case Manager for follow-up.
4. For each patient visit, complete a **VOUCHER FORM** including patient information along with client or guardian signature and date.
5. Provide available services at the Access Point Agency and document services on the **VOUCHER FORM** with providers' signatures and dates. Retain a copy of the **VOUCHER FORM** for documentation and billing purposes.
6. For additional services provided by referral (as deemed necessary by assessment), a copy of the **VOUCHER FORM** must accompany the client to each referral provider.
7. Document all services provided to the client in the patient record at the Access Point Agency. Request and maintain follow-up information from outside providers in the patient record.
8. For reimbursement of services, all providers must return a completed **VOUCHER FORM** copy, along with a standard billing form to the address on the face of the voucher.
9. Any questions concerning KSFHP should be directed to the regional case manager. The case manager for your area is:

APPENDICES

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365
(785)296-1200
www.kdhe.state.ks.us

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
ACCESS POINT AGREEMENT**

PURPOSE:

The Kansas Statewide Farmworker Health Program is supported by the U.S. Public Health Service. The purpose of the Public Health Service is to maintain the integrity of the nation's health and to contain the spread of disease. The program is not concerned with the legal or immigration status of individuals served. This means that farmworkers, regardless of their legal status in the United States, are the target group of the Kansas Statewide Farmworker Health Program, provided that they meet other eligibility criteria for the program.

EXPLANATION:

In an effort to establish and maintain control over limited program funds, the Kansas Statewide Farmworker Health Program has developed fixed financial policies. These policies are necessary due to inadequate resources to provide comprehensive medical services to all farmworkers in Kansas. Pursuant to a goal of health and wellness, the emphasis of this program is on prevention and education, as opposed to acute care.

A primary goal of the program is to utilize local and state services already in existence in the area. When at all possible, these services and subsequent reimbursement systems are to be accessed first.

The Kansas Statewide Farmworker Health Program has a Voucher and Referral Form which is used to authorize and pay for health services rendered by contractual providers. These vouchers are issued from two sources: 1) the regional case manager for the area, and 2) the contracting access point. The Kansas Statewide Farmworker Health Program will only be responsible for bills generated by patients utilizing the proper voucher procedures, as outlined in the policy document.

The contracting access point is a local healthcare facility, usually either a public health department or a primary care clinic. In some instances, the access point may be a provider, such as a physician or hospital-based clinic. The access point provides a monitored point of entry for the client, assuring the proper assessment and authorization for service needed.

As an access point, the primary responsibility is to direct the client to the necessary resources available in the community to meet health needs. Many services are available at the access point, especially if this is a clinic facility. These services will be reimbursed at the sliding fee scale, in accordance to the Federal Poverty Guidelines.

As a contracted Access Point Agency,

agrees to:

- Determine client eligibility per guidelines contained in the Voucher Policy Document.
- Enroll the client in the Kansas Statewide Farmworker Health Program utilizing the Family Registration Form. The client must be enrolled in the program prior to delivery of services.
- Establish and maintain a tracking and referral system by entering each client appropriately in the Encounter Log.
- Assess the client and determine the initial needs. The Access Point will be able to meet some of these needs, yet others will require outside services.
- Arrange for those needs to be delivered by an outside contracted provider, when additional services are necessary.
- Authorize vouchers for provision of service to clients. The voucher must accompany the client to each provider for proof of authorization for reimbursement.
- Monitor and facilitate client healthcare by assisting in treatment plans and follow-up, as well as assessing the appropriateness of care delivered by referral providers.
- Maintain a medical record on each client to assist in quality assurance monitoring.

The Kansas Statewide Farmworker Health Program agrees to:

- A. Provide information and resources necessary for Access Points and healthcare providers to offer services to meet client needs.
- B. Process vouchers and billing statements in a timely manner in order for providers to receive reimbursement.
- C. Develop and coordinate resources with other local programs and providers. This includes negotiation with outside providers for additional services.
- D. Market the availability of services to farmworkers and their families. This will include identifying workers and employers in the area, as well as offering screenings and health related programs, in cooperation with local providers.

Date

Access Point Representative

Date

Kansas Statewide Farmworker Health Representative

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Agreement to Provide Health Services**

Statement of Purpose:

This agreement is entered into between the **Kansas Statewide Farmworker Health Program (KSFHP)**, a program of the Kansas Department of Health and Environment and the local **Health Services Provider (HSP)**

(name of Health Services Provider)

in order to maintain working relationships that will offer a wide range of primary care services to migrant and seasonal farmworkers and their families.

- A. The **Health Services Provider** agrees to provide services for patients referred by **KSFHP** and to follow the policies of the program for treatment, payment and referral as follows:
1. The **HSP** assures that all services rendered pursuant to this agreement will be provided by appropriately credentialed persons.
 2. Farmworker patients must present a voucher/referral form obtained from an access point/case manager to authorize payment for services and to communicate information for coordination of patient care.
 3. The **HSP** is encouraged to accept the voucher payment as full reimbursement for services rendered. However, a patient may be responsible for a portion of the fee. State-funded facilities are obligated to provide income-based discounts (sliding fee levels) based on annual Federal Poverty Guidelines.
 4. Treatment plans containing services not specified in the KSFHP Policies and Procedures Manual must be negotiated on a case-by-case basis with the case manager. All services over \$150 must be preauthorized by the case manager.
 5. The **HSP** will assure that patients understand where to obtain urgently needed care when the HSP office is closed or the **HSP** is unavailable.
 6. The **HSP** will support efforts to assure "meaningful access" to health care services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. § 2000d *et seq.*) and 45 C.F.R. § 80.3(b)]. Meaningful access requires that the **HSP** and the person with limited English skills can communicate effectively when services are being provided.
 7. The **HSP** shall hold as confidential all personal patient information obtained or received from recipients of services under this agreement and not disclose personal information except in statistical, summary or other forms that do not identify individual persons, except for the purpose of treatment or billing.
- B. The **Kansas Statewide Farmworker Health Program** agrees to provide payment for services to eligible farmworkers using reimbursement rates specified in the KSFHP Policies and Procedures Manual and conduct case management activities including:
1. The **KSFHP** shall facilitate communication and support patient compliance with treatment and follow-up plans.
 2. The **KSFHP** shall seek resources to fulfill the health care needs of patients when they exceed the limits of the program.

Name

Address

City/State

Zip+4

Voice Phone

FAX Phone

FEIN #:

TYPE OF PROVIDER:

☐ Physician ☐ Nurse Practitioner or Physician Assistant

☐ Dentist ☐ Pharmacy ☐ Laboratory ☐ X-ray ☐ Optometrist ☐ Ophthalmologist

☐ Local Public Health Department ☐ Other _____

Date

Health Service Provider

Date

Farmworker Health Representative

2006 INCOME AND DISCOUNT ELIGIBILITY TABLES

* SEE SOURCE BELOW

ANNUAL INCOME

NUMBER IN HOUSEHOLD	<100% FPL: ANNUAL INCOME *	100-149% FPL: ANNUAL INCOME	150-199% FPL ANNUAL INCOME	200%FPL: ANNUAL INCOME
1	< 9,800	9,800 to 14,699	14,700 to 19,599	> 19,600
2	< 13,200	13,200 to 19,799	19,800 to 26,399	> 26,400
3	< 16,600	16,600 to 24,899	24,900 to 33,199	> 33,200
4	< 20,000	17,650 to 29,999	30,000 to 39,999	> 40,000
5	< 23,400	23,400 to 35,099	35,100 to 46,799	> 46,800
6	< 26,800	26,800 to 40,199	40,200 to 53,599	> 53,600
7	< 30,200	30,200 to 45,299	45,300 to 60,399	> 60,400
8	< 33,600	33,600 to 50,399	50,400 to 67,199	> 67,200

For family units with more than 8 members, add \$3,400 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME

NUMBER IN HOUSEHOLD	<100% FPL: MONTHLY INCOME	100-149% FPL: MONTHLY INCOME	150-199% FPL MONTHLY INCOME	200%FPL: MONTHLY INCOME
1	< 817	817 to 1,224	1,225 to 1,632	> 1,633
2	< 1,100	1,100 to 1,649	1,650 to 2,199	> 2,200
3	< 1,383	1,383 to 2,074	2,075 to 2,766	> 2,767
4	< 1,667	1,667 to 2,499	2,500 to 3,332	> 3,333
5	< 1,950	1,950 to 2,924	2,925 to 3,899	> 3,900
6	< 2,233	2,233 to 3,349	3,350 to 4,466	> 4,467
7	< 2,517	2,517 to 3,774	3,775 to 5,032	> 5,033
8	< 2,800	2,800 to 4,199	4,200 to 5,599	> 5,600

HOURLY INCOME

NUMBER IN HOUSEHOLD	<100% FPL: HOURLY INCOME	100-149% FPL: HOURLY INCOME	150-199% FPL HOURLY INCOME	200-299% FPL: HOURLY INCOME
1	< 4.71	4.71 to 7.06	7.07 to 9.41	> 9.42
2	< 6.35	6.35 to 9.51	9.52 to 12.68	> 12.69
3	< 7.98	7.98 to 11.96	11.97 to 15.95	> 15.96
4	< 9.62	8.49 to 14.41	14.42 to 19.22	> 19.23
5	< 11.25	11.25 to 16.87	16.88 to 22.49	> 22.50
6	< 12.88	12.88 to 19.32	19.33 to 25.76	> 25.77
7	< 14.52	14.52 to 21.77	21.78 to 29.03	> 29.04
8	< 16.15	16.15 to 24.22	24.23 to 32.30	> 32.31

For use in determining fee reductions based on family income in the Charitable Health Provider and Farmworker Health Voucher Program

*SOURCE: Federal Register. Vol. 71, No. 15, Tuesday, January 24, 2006 (5/31/06 KDHE revision)
<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-624.pdf>

The following table provides a Sample Discount - Sliding-Fee Schedule				
Sliding- Fee Discount	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
	up to 100%	50%	25%	0%
Patient Obligation	Free care or Minimal Cost	Pay 50% of Charges	Pay 75% of Charges	Pay Full Charges
Accounting Code	P1	P2	P3	P4

Kansas Statewide Farmworker Health Program
Programa de Salud para Trabajadores Agrícolas de Kansas
Family Registration Form *Forma de Registro Familiar*

Today's Date/ Fecha de hoy: _____

Check One- Farmworker Health Program _____
TB Reimbursement Program only _____

Head of Family/Jefe de Familia

Last Name
Apellido(s): _____

First Name
Nombre(s) _____

Date of Birth/ Fecha de Nacimiento: ____/____/____

Phone/ Teléfono () _____

Local Address

Domicilio Local: _____
Street/ Calle _____ County/ Condado _____

City/ Ciudad _____ State/ Estado _____ Zip/ Código Postal _____

Family Income
Ingreso de la Familia \$ _____ per/por _____ Number in Household?
¿Cuántas hay en la casa? _____

Are there any family members who are pregnant?

¿Hay algún miembro de su familia que está embarazada? YES/SÍ _____ NO _____

If YES--Name and expected delivery date

Si la respuesta es SÍ—Nombre y fecha de nacimiento esperada _____

People who have been employed in agriculture may qualify for medical benefits. Please answer the following questions:
Personas que hayan trabajado en la agricultura pudieran calificar para servicios médicos. Por favor de contestar estas preguntas:

1. During the past two years, have you or a member of your family been employed in farmwork such as planting, cultivating, or harvesting agricultural products (such as fruits, vegetables, grains, and other produce) in fields, orchards, greenhouses, or nurseries as your principle means of employment?

¿Durante los últimos dos años, usted o un miembro de su familia ha trabajado en agricultura, tal como plantando, cultivando o cosechando productos agrícolas (tales como frutas, vegetales, granos y otros productos) en el campo, huertas, invernaderos ó viveros como su fuente de empleo? YES/SÍ _____ NO _____

Name of Farmwork Employer/ Nombre de empleador donde hayan trabajado en la agricultura _____

Location of Farmwork (City, State) _____ Phone/ Teléfono () _____
Lugar donde hayan trabajado en la agricultura (Ciudad, Estado)

Address/Dirección _____
Street/Calle City/ Ciudad _____ State/ Estado _____ Zip/ Código Postal _____

Crop/ tipo de cultivo _____ Month and Year/ mes y año _____

2. Over the past two years, have you or your family traveled away from home overnight in order to do farmwork as your principle means of employment?

¿Durante los últimos dos años, ha viajado o estado usted o su familia fuera de su casa por más de una noche para trabajar en labores agrícolas como su fuente de empleo principal? YES/SÍ _____ NO _____

If YES, give address/Si respondió SÍ, diga la dirección _____

Crop/ tipo de cultivo _____ Month and Year/ mes y año _____

Please provide proof of current employment and income, or if not available a signed written statement.
Por favor de dar prueba de empleo y ingreso corriente, ó si no lo tiene, por favor de dar una declaración firmada

List of Family Members / Lista de Miembros de Familia

What language do you speak in your home? ¿Qual idioma hablan ustedes en su casa? _____

Name (Last, First) Nombre (Apellido, Nombre)	Date of Birth Fecha de Nacimiento	Gender Sexo	Relationship Parentesco	Hispanic/Latino Hispano/ Latino	<input checked="" type="checkbox"/> Race/ Raza					<input checked="" type="checkbox"/> Health Insurance Seguro Medico				
					White/ Blanca Native Hawaiian or Pacific Islander Nativa de Hawaii o de las Islas del Pacifico	Black or African American Negra o Africana americana	Asian/ Asiática	American Indian/Alaska Native India americana o Nativa de Alaska	Medicaid	Healthwave	Private/Employer Aseguranza/Empleador	Medicare	None/Ningun	
		M		Y										
		F		N										
		M		Y										
		F		N										
		M		Y										
		F		N										
		M		Y										
		F		N										
		M		Y										
		F		N										
		M		Y										
		F		N										

Certification / Certificación

I hereby certify that the information above is accurate to the best of my knowledge.
Certifico que la información proporcionada arriba es correcta y de acuerdo a mi conocimiento.

 Signature / Firma

 Date / Fecha

Authorization for Medical and Dental Care/ Autorización para proporcionar atención medica y dental

I hereby authorize any medical or dental care considered by the Kansas Statewide Farmworker Health Program and their contracted physicians and dentists to be in my or members of my family's best interest and authorize the release of any information acquired during the course of my registration, examination, and treatment.

Por este medio autorizo cualquier cuidado medico o dental considerado por el Programa de Salud para Trabajadores Agrícolas de Kansas en el mejor interés propio y de mi familia y autorizo que se proporcione cualquier información obtenida durante el curso de mi registro, examen medico y tratamiento.

 Signature / Firma

 Date / Fecha

Authorization for care must be signed by the client or his/her parent or legal guardian for clients under the age of 18.
La autorización para proporcionar cuidado debe ser firmada por el cliente; para personas menores de 18 años debe firmarla su padre, madre o guardián legal.

RISK ASSESSMENT FORM

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

FAMILY/HOUSEHOLD INFORMATION

Head of Household _____ Date _____

Household member(s) participating in assessment _____

Ethnic background(s) _____ Primary language in home _____

Does anyone speak English? Who? _____

If no, who does the family rely on for translation or interpretation? _____

List all members that have a high school diploma or equivalent _____

Does the family have a car? YES NO

If no, how does family meet transportation needs? _____

List schools where children attend _____

HOUSING INFORMATION

Number in Household _____ What is the monthly cost of housing? \$ _____

Type of Housing: ~ Apt ~ House ~ Room Type of Payment: ~ Rent ~ Own ~ Rent to Own

~ Shelter ~ Hotel ~ Relatives ~ Other

Issues or Comments: _____

FINANCIAL INFORMATION

List any bills that need attention _____

Explain issues or concerns pertaining to employment and/or finance _____

HEALTH AND MEDICAL INFORMATION

Is a member of the family pregnant?(List) _____

Is she receiving prenatal care? YES NO If yes, from whom? _____

Comments: _____

Are immunizations current for all children and adult family members? YES NO

Comments: _____

Indicate acute or chronic health problems of family members and indicate family member:

~ Diabetes ~ Injuries ~ Respiratory/asthma ~ Hypertension

~ Cardiovascular Disease ~ Skin Problems ~ Hearing ~ Vision

~ Dental ~ Other

Family member(s) hospitalized in the past? (explain) _____

Family member(s) taking medication daily? (list) _____

For what condition(s)? _____

HEALTH AND MEDICAL INFORMATION (Cont.)

Where does the family receive primary health care? _____

Identify problems or situations causing stress for the client/family _____

How is the client/family coping? _____

What emotional or mental problems are the client or family members experiencing? _____

Check social supports the client/family have.

~ Family ~ Extended Family ~ Church ~ Friends ~ Community

How long has the client/family lived in the area? _____

If not from the U.S., how long has the client/family lived in the country? _____

Comments: _____

RESOURCES

(Check all those being utilized)

~ TANF ~ Food Stamps/WIC/Commodities ~ Migrant Education ~ Weatherization
~ SSI ~ Food Pantries/Soup Kitchens ~ Housing assistance ~ Medicare
~ ESL ~ Employment Security/Job Training ~ Maternal and Infant Care Program
~ Legal Aid ~ Early Childhood Program/Headstart ~ Medicaid/Healthwave

Other services (List) _____

DIAGNOSIS

Prioritized Problem List:	Recommended Interventions:

Referral to regional farmworker case manager? ~ YES ~ NO

Nurse/Social Work Interviewer

Signature

Agency

Date

Additional Comments/Clarifications

Kansas Department of Health and Environment
Office of Local and Rural Health

Appendix F

Kansas Statewide Farmworker Health Program - TB Coverage
Encounter Log

Access Point Agency _____

Date	Client Name	Voucher Number	Services Provided	Provider (If By Referral)

PLEASE DOCUMENT EACH PATIENT VISIT BY COMPLETING THIS FORM.
SEND MONTHLY TO REGIONAL CASE MANAGER.



Kansas Department of Health
and Environment
Office of Local and Rural Health
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365
Telephone: (785) 296-1200
www.kdhe.state.ks.us

Statewide Farmworker Health Program

VOUCHER

Voucher Issue Date: __/__/__ Voucher No:

Access Point Agency/Case Manager:
(Name, Address and Phone Number, include area code)

Patient
Name: _____ Date of birth: __/__/__ Gender: _M_F
Last, First, Middle Initial
Address: _____ Head of Household _____
City: _____ State _____ Zip _____ County _____

Authorization for Release of Data and Request for Payment
I certify that the above information is correct and complete. I authorize release of all medical records to the Statewide Farmworker Health Program for their use in facilitating follow-up and payment for services.

Signature of patient, parent, or guardian: _____ Date: __/__/__

Nurse's Assessment
Presenting Complaints: (subjective)

Nursing Assessment: (objective)

Treatment:

Recommendation for follow-up? (plan)

Signature of nurse: _____

Date: __/__/__

SAMPLE VOUCHER

ARNP/PA/DOCTOR'S Assessment ALL SERVICES OVER \$150 MUST BE PREAUTHORIZED BY REGIONAL CASE MANAGER

ARNP/PA/DOCTOR'S findings: (objective)

Diagnosis: (assessment)

Treatment:

Recommendations for follow-up? (plan)

Signature of clinician: _____ Date: __/__/__

Laboratory/X-ray ALL SERVICES OVER \$150 MUST BE PREAUTHORIZED BY REGIONAL CASE MANAGER
Services Provided:

Signature of technician: _____ Date: __/__/__

Pharmacy PATIENT RESPONSIBLE FOR ANY AMOUNT OVER \$50.00 (NO OTC SUPPLIES OR MEDICATIONS)
Medications, amount dispensed, and directions for their use:

Signature of pharmacist: _____ Date: __/__/__

RETURN THIS VOUCHER WITH INVOICE FOR PAYMENT

Servicios cubiertos a través del PROGRAMA DE SALUD PARA TRABAJADORES AGRÍCOLAS DE KANSAS.

Para recibir servicios a través de este programa, los trabajadores agrícolas y sus familias deben acudir al departamento de salud o clínicas de salud comunitarias que participan en este programa y obtener un voucher o cupón. Este programa pagará solamente por algunos servicios y el cliente pudiera ser responsable por servicios no cubiertos o por cantidades no cubiertas por el programa. **Este programa no es seguro de salud pero solamente un programa de asistencia.**

ESTE PROGRAMA NO CUBRE HOSPITALIZACIONES, EMERGENCIAS NI ENFERMEDADES CRÓNICAS. EL PROGRAMA SE LIMITA A CUIDADO PRIMARIO O PREVENTIVO.

Instituciones y agencias de salud pueden solicitar reembolso por los siguientes servicios:

Inmunizaciones: La misma cuota administrativa que la pagada por Medicaid.

Exámenes (screenings): incluye exámenes comunes realizados por los departamentos de salud para determinar riesgos o exposición a enfermedades o condiciones específicas.

Exámenes físicos:

Para niños: incluye (pero no se limita a) historia de salud, examen físico, peso, estatura, hemoglobina, evaluación nutricional, evaluación del desarrollo, registro de vacunaciones, educación para la salud y evaluación de acuerdo a la edad.

Para adultos: incluye (pero no se limita a) historia de salud, examen físico, estatura, peso, evaluación nutricional y registro de vacunaciones, educación para la salud y exámenes apropiados de acuerdo a la edad y sexo.

El pago se limita a \$60.00 por examen ya sea de niño o por adulto.

Consulta Breve al Doctor: una consulta breve con un proveedor de cuidado primario se hace cuando hay una enfermedad aguda, una evaluación o un seguimiento. El pago se limita a \$30.00 por consulta. Otros procedimientos llevados a cabo en la oficina se reembolsan a la tarifa de Medicaid.

Cuidado médico que requiera más de tres consultas por enfermedad en un año a fin de completar el tratamiento, debe ser autorizado por el manejador de casos regional.

Laboratorio: se reembolsa igual que la tarifa de Medicaid. Todos los servicios sobre \$150.00 deben ser preautorizados por el manejador de casos regional (regional case manager).

Rayos X: se reembolsa igual que la tarifa de Medicaid. Todos los servicios sobre \$150.00 deben ser preautorizados por el manejador de casos regional (regional case manager).

Cuidado de la Vista: Lentes y exámenes de rutina no son cubiertos por el programa. De cualquier manera, los manejadores de casos regionales trabajarán para identificar otras posibles fuentes de pago para cubrir estas necesidades. Consultas asociadas con alguna enfermedad de la vista o lesiones al ojo se cubrirán como consultas al doctor.

Farmacia: Drogas mediante receta (o genéricas cuando se encuentre disponible) para tratamiento a corto plazo, limitado a \$150.00 por año (entre Diciembre 1, y Noviembre 30) por individuo. Cada voucher o cupón paga hasta \$50. Se le pide a los clientes que paguen los primeros \$5.00 del costo de la receta si es que tienen dinero suficiente. El Programa de Salud para Trabajadores Agrícolas no pagará por

medicinas que no requieran receta (over-the-counter) sin la autorización previa del manejador de casos regional. Surtido de recetas (refills) se pagaran únicamente en recetas que se hayan originado en consultas cubiertas a través del programa.

Cuidado Prenatal: En general, el Programa de Salud para Trabajadores Agrícolas no paga por cuidado prenatal u obstétrico. Debe hacerse cada esfuerzo para asegurarse que los clientes sean referidos al SRS ya que muchos pueden ser elegibles para Medicaid. Se puede autorizar cuidado prenatal cuando un cliente no sea elegible para Medicaid y que no se tenga fondos disponibles del programa de M&I (Maternal and Infants) ni otro programa del costo bajo. Para asegurar la continuidad del cuidado y la provisión de servicios prenatales completos, los clientes en el Programa de Salud para Trabajadores Agrícolas deben también ser inscritos o inscritas en el Programa de M&I, si es que este existe en la comunidad.

Dental: los servicios dentales no están restringidos a tratamientos de emergencia por dolor o infección.

Para Adultos: el pago por servicios en la visita dental inicial se limita a \$100.00. Servicios preventivos o restaurativos posteriores para adultos pueden ser preautorizados si es que se cuenta con fondos disponibles. Para autorización de servicios por arriba de los \$100.00 iniciales, debe remitirse un plan de tratamiento al manejador de casos regional.

Para Niños: Los servicios dentales preventivos primarios son servicios cubiertos, incluyendo: instrucciones en auto-cuidado de la salud oral, profilaxis, evaluación de salud oral/dental, aplicación de fluoruro, y aplicación de sello protector. Si se detectan enfermedades dentales u otras anormalidades, llame al manejador de casos regional para elaborar un plan de tratamiento después de los \$100.00 iniciales.

Si tiene preguntas llame a su manejador de caso.